

FILED JAN 13 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 42796  
10999

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2107 SO GRAND BLVD 17				d. STREET ADDRESS (If rural, give location) 2107 SO GRAND BLVD			
3. NAME OF DECEASED (Type or Print) HOOD		a. (First) W		c. (Last) SATTERFIELD		4. DATE OF DEATH (Month) (Day) (Year) DEC 23 1950	
5. SEX 0	6. COLOR OR RACE MALE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1895 OCT 12-1898		9. AGE (In years last birthday) 55 yr 2 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INTERNAL AUDITOR		10b. KIND OF BUSINESS OR INDUSTRY WESTINGHOUSE ELECTRIC		11. BIRTHPLACE (State or foreign country) FAIRMOUNT WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAMUEL SATTERFIELD		13b. MOTHER'S MAIDEN NAME HOOD VIRGINIA LAYMAN		14. NAME OF HUSBAND OR WIFE HELEN SATTERFIELD GRAND			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR I 167-01-5646		17. INFORMANT'S SIGNATURE OR NAME Helen Satterfield 2107 SO Grand			
18. CAUSE OF DEATH (State only the cause per se, or (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease with Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES				DUE TO (b)			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Hypertension 10 yrs?			
II. OTHER SIGNIFICANT CONDITIONS				Obesity 20 yrs			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 201			
22. I hereby certify that I attended the deceased from Feb 1, 1950, to Dec 23, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Norman W. Drey MA (Degree or title)				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 24 Dec '50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC 25-1950		24c. NAME OF CEMETERY OR CREMATORY PITTSBURG PA.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. DEC 25 1950		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Robert & Co 1905 So Grand Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_ 4053

P. O. Address \_\_\_\_\_ St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of..... }  
County of..... } ss.

State File No. **42796-50**  
Local Registrar's No. **10999**

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth death  
for **Hood W. Satterfield** died **12-23-1950**, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. **7** should read **Oct. 12-1895**

Instead of..... **Oct. 12-1898**

Item No. **8** should read **Age 55**

Instead of..... **Age 52**

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant **Mrs. Helen Satterfield, Inf.**  
Relationship.

**2107 S. Grand**

Present Address.

Subscribed and sworn to before me this **19** day of **Jan**, 19**45**/

My Commission expires **3-4-53** **Evac Oullock** Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.